

Louisiana’s LaMOMS Program

LaMOMs is a no cost health insurance for pregnant women provided by Louisiana’s Medicaid program.

How to Apply

- 1 Online – www.Medicaid.DHH.Louisiana.gov.
- 2 Mail – Mail the application and documents of proof to:
- 3 Fax – Fax the application and documents of proof to 1-877-523-2987 (toll-free)
- 4 Drop Off – Drop off the application and documents of proof at your local Medicaid Office. Call 1-888-342-6207 for the closest office or visit our web site at www.LaMOMS.DHH.Louisiana.gov.

We Look at Your Family’s Income

We count gross income, not take-home (net) pay. Income limits are based on family size. Your family includes you (the pregnant woman), your husband (if legally married), children under age 18, and the unborn child.

If your income is more than what is shown in the chart, you may still qualify, because we allow deductions like:

- ✓ Child support payments to someone **outside** of your home
- ✓ \$90 for each employed person
- ✓ Childcare payments: Up to \$200 for children **under** age 2, \$175 **over** age 2
- ✓ Up to \$50 for child support **received**

Number in Family	Income Amounts through March 31, 2013	
	Weekly Income	Monthly Income
2	\$630	\$2,522
3	\$795	\$3,182
4	\$960	\$3,842
5	\$1,125	\$4,502
6	\$1,290	\$5,162
7	\$1,455	\$5,822
8	\$1,620	\$6,482
For each extra person, add \$637 to the monthly amount.		

After You Apply

We will send you a letter to let you know if you qualify. If you do, you will get a Medicaid card about 2 weeks following the approval letter. If you already have a Medicaid card, we will reactivate it and you can start using it as soon as you get the approval letter.

Covered Services

LaMOMs covers all pregnancy related services, delivery, and care throughout your pregnancy and up to 60 days after your pregnancy ends.

- Coverage includes:
- ★ Doctor visits
 - ★ Lab work and tests
 - ★ Hospital care
 - ★ Prescription medicines
 - ★ Some dental services for gum disease.

Other Health Insurance

You can have both private health insurance and LaMOMS. To get all the benefits of LaMOMS, the doctor you choose must accept both LaMOMS or Medicaid **and** your other insurance. Your other insurance will pay first; then we will pay.

If you have or can get insurance through a job, Medicaid may help pay the premiums. Call 1-866-362-5253 or go online at www.LaHIPP.DHH.Louisiana.gov for more information.

You Choose Your Doctor

You may get care from any doctor who accepts Medicaid. For a list of doctors in your area, call 1-877-455-9955. This is a free call.

Help with Past Medical Bills

We can see if you qualify for LaMOMS to pay for medical services you received during your pregnancy even if you have already paid the bill.

Additional Help

“Partners for Healthy Babies” is a project of the Louisiana Office of Public Health. They can give you information about your pregnancy and tell you about other available programs. Call “Partners for Healthy Babies” at 1-800-251-BABY (251-2229). This is a free call.



Your Rights

If you think the decision we make is unfair, not correct or made too late, you may ask for a fair hearing.

- ★ Call the Medicaid office at 1-888-342-6207; OR
- ★ Write to:
LA DHH Bureau of Appeals
P. O. Box 4183
Baton Rouge, LA 70821-4183; OR
- ★ Call or write to your local Medicaid office

Questions

If you have questions or need help filling out the application or getting any of the things we ask for, call **1-888-342-6207**. If you are deaf or hard of hearing and use a TTY text telephone, call **1-800-220-5404**. These calls are free.

LaMOMS is an Equal Opportunity Program

Medicaid/LaMOMS cannot treat you differently because of your race, color, sex, age, disability, religion, nationality or political beliefs. If you think we have, you may:

- ★ Call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019; OR
- ★ Write to:
LA Dept. of Health & Hospitals
P. O. Box 4818
Baton Rouge, LA 70821-4818; OR
- ★ Call or write to your local Medicaid office

¿Necesita traductor de español? Llame al **1-877-252-2447**.

Quý vị có cần thông dịch viên người Việt không? Nếu cần xin gọi số **1-877-252-2447**.

This public document was published at a total cost of \$15,525.14. Fifty thousand (50,000) copies of this public document were published in this first printing at a cost of \$15,525.14. The total cost of all printings of this document, including reprints, is \$15,525.14. This document was published by Office of State Printing, 950 Brickyard Lane, Baton Rouge, LA 70804 to advise applicants, recipients and other individuals of LaMOMS coverage available through the Medicaid Program under authority of 42 CFR 435.905 (a)(1) and Act 128 of the 1998 1st Extraordinary Session of the Louisiana Legislature. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with provisions of Title 43 of the Louisiana Revised Statutes.



Application for



Helping Pregnant Women
Have Healthier Babies

Apply Online at
www.LaMOMS.DHH.Louisiana.gov

1-888-342-6207



Application

Use this application to apply for LaMOMS or Medicaid for pregnant women. You may also apply online at www.Medicaid.DHH.Louisiana.gov.

To apply:

LaMOMS
P.O. Box 91278
Baton Rouge, LA 70821-9278
FAX: 1-877-523-2987

- 1. Fill out this application with a black ink pen.
- 2. Get the documents of proof we need.
- 3. Send this application and documents of proof to us right away.
We will give you extra time to send in the proofs if you need it.

What language do you speak best? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other (tell us) _____
What language do you write best? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other (tell us) _____

Si usted quiere una solicitud en español o quiere hablar con alguien que habla español, llame al 1-877-252-2447.
Nếu quý vị cần đơn tiếng Việt hoặc tham khảo với nhân viên người Việt, Xin gọi số điện thoại miễn phí 1-877-252-2447.

1. Where did you get this application?

- ☐ LaMOMS/Medicaid Office ☐ Hospital ☐ Pharmacy ☐ Doctor’s Office ☐ Friend/Relative
- ☐ Internet ☐ School Clinic ☐ Food Stamp Office ☐ Health Unit ☐ Business (Store, Work)
- ☐ Festival/Health Fair ☐ Somewhere else: _____

2. Information About You (the pregnant woman who is applying)

Name _____
First Middle Initial Last

Maiden Name _____

Social Security Number _____ Date of Birth _____
Month Day Year

Race/Ethnic Background (Optional - you may mark one or more): ☐ White ☐ Black ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

Place of Birth: State (if born in the U.S.) _____ Country (if born outside the U.S.) _____

Mother’s Maiden Name _____

Are you a U.S. citizen? ☐ Yes – Go to Question 3 ☐ No – Fill Out Below

Are you a lawful permanent resident? ☐ Yes ☐ No Date You Came to U.S. _____

Permanent Resident Card Number (green card): A _____

3. How to Reach You

Mailing Address _____ Apartment/Lot # _____

City _____ State _____ Zip _____

Home address (if different) _____ Apartment/Lot # _____

City _____ State _____ Zip _____

Parish _____ Home Phone (_____) _____

Cell Phone (_____) _____ Daytime Phone (_____) _____

E-mail Address _____

What is the best day and/or time to call you during our office hours, Monday – Friday, 8 a.m. – 4:30 p.m.?

Questions - Call 1-888-342-6207 (free call)
(TTY text telephone for deaf and hard of hearing: 1-800-220-5404)

4. What is your best guess of your due date? _____
Are you expecting more than one baby? ☐ Yes ☐ No

5. Give us information about your legal husband who lives with you. If you are under age 18, list your parents who live with you. ☐ None – Go to Question 6 *Do not list step-parents.*

Person #1

Name _____ ☐ Male ☐ Female
First Middle Initial Last

Date of Birth _____ Social Security Number _____
Month Day Year

Race/Ethnic Background (Optional - you may mark one or more): ☐ White ☐ Black ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

Relationship to You: ☐ Husband ☐ Parent

Person #2

Name _____ ☐ Male ☐ Female
First Middle Initial Last

Date of Birth _____ Social Security Number _____
Month Day Year

Race/Ethnic Background (Optional - you may mark one or more): ☐ White ☐ Black ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

Relationship to You: ☐ Husband ☐ Parent

6. List ALL children under age 19 who live with you. ☐ None – Go to Question 7
If you are under age 18, list your brothers and sisters under age 19. If there are more than 4 children, use a separate sheet of paper.

A. Name _____ ☐ Male ☐ Female
First Middle Initial Last

Date of Birth _____ Social Security Number _____
Month Day Year

Race/Ethnic Background (Optional - you may mark one or more): ☐ White ☐ Black ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

Relationship to You: ☐ Child ☐ Stepchild ☐ Brother/Sister ☐ Other: _____

B. Name _____ ☐ Male ☐ Female
First Middle Initial Last

Date of Birth _____ Social Security Number _____
Month Day Year

Race/Ethnic Background (Optional - you may mark one or more): ☐ White ☐ Black ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

Relationship to You: ☐ Child ☐ Stepchild ☐ Brother/Sister ☐ Other: _____

C. Name _____ ☐ Male ☐ Female
First Middle Initial Last

Date of Birth _____ Social Security Number _____
Month Day Year

Race/Ethnic Background (Optional - you may mark one or more): ☐ White ☐ Black ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

Relationship to You: ☐ Child ☐ Stepchild ☐ Brother/Sister ☐ Other: _____

D. Name _____ ☐ Male ☐ Female
First Middle Initial Last

Date of Birth _____ Social Security Number _____
Month Day Year

Race/Ethnic Background (Optional - you may mark one or more): ☐ White ☐ Black ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

Relationship to You: ☐ Child ☐ Stepchild ☐ Brother/Sister ☐ Other: _____

7. Is anyone working? ☐ Yes – Fill Out Below ☐ No – Go to Question 8

Tell us about wages or cash received from working, self-employment, and tips for you and your husband. If you are under age 19, tell us your parents' information (not step-parents).

Who works?	Employer's Name	How much is received (show gross, not take home pay)? \$ _____ How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	Is insurance offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer's Phone Number		
	<input type="checkbox"/> Self-employed		
Who works?	Employer's Name	How much is received (show gross, not take home pay)? \$ _____ How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	Is insurance offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer's Phone Number		
	<input type="checkbox"/> Self-employed		

8. Are you on maternity leave from your job? ☐ Yes ☐ No

9. Does anyone get money that is not from a job like the kinds listed below?

- Social Security • SSI • Unemployment • Worker's Comp • Money from Friends/Relatives
- Child Support (*list the child as the person who gets it*) • Alimony • Something else (*list below*)

☐ Yes – Fill Out Below ☐ No – Go to Question 10

Tell us about income for you and your husband. If you are under age 19, tell us about your parent's income (not step-parents).

Who gets it?	What is it?	How much? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly
Who gets it?	What is it?	How much? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly
Who gets it?	What is it?	How much? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly
Who gets it?	What is it?	How much? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly

10. Do you have health insurance? ☐ Yes – Fill Out Below ☐ No – Go to Question 11

Policyholder's Name _____ Coverage Start Date _____

Insurance Name and Phone Number _____

Policy Number _____ Group Number _____

What does it cover? (check all that apply) ☐ Hospital ☐ Doctor ☐ Medicine ☐ Dental ☐ Ambulance
☐ Pregnancy ☐ Family Planning

Is this policy through a job? ☐ Yes ☐ No If yes, name of employer: _____

11. Will you have the option to get insurance for your newborn? ☐ Yes ☐ No

12. Do you need Medicaid for any of the last 3 months to cover medical bills (paid or unpaid) for these months? ☐ Yes – Fill Out Below ☐ No – Go to Question 13

Which months? _____

13. Does anyone pay for child care or care for an adult with a disability in order to work or get training? ☐ Yes – Fill Out Below ☐ No – Go to Question 14

Name of Person Who Gets Care _____

Who pays for the care? _____

How much is paid? _____ How often paid? _____

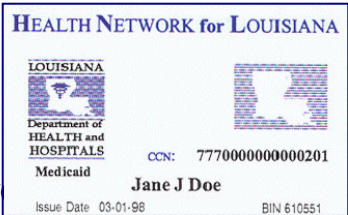
Is any help received with paying it? ☐ Yes – How much? _____ ☐ No

Name of Day Care or Caregiver _____

Phone Number (_____) _____

14. Does anyone in your home pay court-ordered child support or alimony? ☐ Yes – Fill Out Below ☐ No – Go to Question 15
- Name of Person Who Pays It _____
- How much is paid? _____ How often paid? _____
15. Have you ever received LaMOMS or Medicaid in Louisiana? ☐ Yes – Answer the Question Below ☐ No – Go to Question 16
- If you still have your plastic Medicaid card, you can use the same card if you qualify again. We will not send a new card unless you tell us to.*

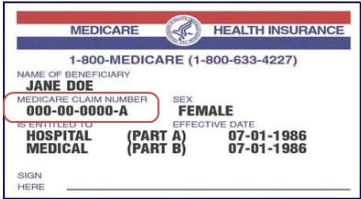
Will you need a new plastic Medicaid card? ☐ Yes ☐ No



16. Have you ever received Supplemental Security Income (SSI)? ☐ Yes ☐ No

17. Do you have or have you ever received Medicare? ☐ Yes ☐ No

The Medicare card looks like this. —————>



This is the end of the application.
SIGN BELOW

By signing this application I am giving my permission to the State of Louisiana and its agents to make contacts to verify the information given on this application. Under penalty of perjury I certify all information I have given is true. I state that I have received and read the Rights and Responsibilities on the next page.

 **Sign Your Name Here:** _____ **Date:** _____

Send Your Completed Application to:
LaMOMS
P.O. Box 91278
Baton Rouge, LA 70821-9278
FAX: 1-877-523-2987

YOUR RIGHTS AND RESPONSIBILITIES
Keep this page for your records.

WHAT MEDICAID HAS THE RIGHT TO EXPECT OF YOU

- CITIZENSHIP AND IMMIGRATION STATUS:** You state that the information about citizenship and immigration status given at the beginning of this application form is true and correct.
- REPORTING THE TRUTH:** You state that the information you give on the application form is true and correct. You understand if you purposely give information that is not true OR if you purposely do not tell information that you are supposed to, you may get health benefits that you should not get. If that happens, you can by law be punished for fraud. Also, you may have to pay money back to Medicaid for the bills it paid by mistake.
- VERIFICATION OF INFORMATION:** You understand that the information you give about yourself will be checked. You agree to help do that and let Medicaid get information it needs from government agencies, employers, medical providers, and others.
- SOCIAL SECURITY NUMBERS:** You understand Social Security numbers will only be used to get information from other government agencies to make a decision on your eligibility for Medicaid.
- PAYMENT OF MEDICAL CARE BY A THIRD PARTY:** By accepting Medicaid, you understand that the Department has the right to get money received by you from other sources like insurance payments or lawsuit settlements for services that Medicaid has paid for you.
- REPORTING CHANGES:** You agree to tell Medicaid within 10 days: 1) if you move out of state; 2) there is a change in your mailing or home address; and 3) there is any change in your health insurance and premiums.
- CHILD SUPPORT ENFORCEMENT:** You understand that Medicaid will send case information to Child Support Enforcement for medical support only if you ask them to.

WHAT YOU HAVE THE RIGHT TO EXPECT FROM MEDICAID

- RIGHT TO A FAIR HEARING:** You understand that you may ask for a Fair Hearing if you think any decision made on your case is unfair, incorrect, or made too late.
- NO DISCRIMINATION:** You understand Medicaid cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to Louisiana’s Department of Health & Hospitals, Human Resources at P. O. Box 4818 Baton Rouge, LA 70821-4818.
- OTHER SERVICES:** You understand that information about WIC, KIDMED, and other Medicaid services will be sent to you if you are eligible for Medicaid.

Documents of Proof You May Need to Send Us
<i>If any of these things apply to you and your family, send copies of these documents. Let us know if you cannot get them. We may be able to help.</i>
Copies of your health insurance cards (front and back).
If you are not a U.S. citizen , send a copy of your Permanent Resident Card (green card) or other form from U.S. Citizenship and Immigration Services.
If you were not born in Louisiana , send proof of U.S. Citizenship such as a birth certificate, souvenir birth certificate, U.S. Passport, or adoption papers. <i>If you don’t have any of these things, ask us about other things you can use.</i>
Proof of income received by you, your husband, and if you are under age 19, your parents who live with you. Send pay stubs from last month showing gross pay (before taxes), a letter from the employer, if self-employed send copies of last year’s tax return and all schedule attachments. Examples of proof for any income not received from working would be award letters, or letters from the friend or relative who is giving you or your family money.
Proof of child care payments from the day care center. Proof of payments for adult care from the caregiver.
Court order and proof of alimony or child support payments made to persons outside the home. <i>If it is paid through Louisiana Support Enforcement Services (SES), you do not have to send proof – let us know.</i>
If you are requesting LaMOMS/Medicaid coverage for the three months before you apply, send proof of income for those months.

IMPORTANT PHONE NUMBERS		
	PHONE NUMBER	TTY TEXT TELEPHONE
LaMOMS	1-888-342-6207	1-800-220-5404
EPSDT (prenatal clinics, family planning, helps with finding a Primary Care Doctor)	1-800-359-2122	1-877-544-9544
CommunityCARE (to request a change of Primary Care Doctor)	1-800-259-4444	1-877-544-9544
Physician Referral Assistance	1-877-455-9955	
Medicaid Services	1-888-342-6207	
Dental Program	1-800-251-2229	
Transportation (to request non-emergency transportation – call at least 48 hours in advance)	1-800-259-1944	
24 Hour Nurses Hotline (CommunityCARE)	1-866-529-1681	
Replace Medicaid Card	1-800-834-3333	

IMPORTANT WEB SITES	
LaMOMS – Medicaid for Pregnant Women	www.LaMOMS.DHH.Louisiana.gov
LaCHIP – Medicaid for Children	www.LaCHIP.org
Other Medicaid Programs	www.Medicaid.DHH.Louisiana.gov
Find a Doctor Who Accepts Medicaid	www.La-CommunityCare.com
KIDMED & CommunityCARE	www.La-KidMed.com
Apply for or Renew Medicaid	www.Medicaid.DHH.Louisiana.gov

KEEP THIS PAGE FOR YOUR RECORDS

Department of Health and Hospitals
Voter Registration Declaration (Optional)

If you fill it out, your answers will not affect the benefits you get from the
Louisiana Department of Health and Hospitals.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

- If you checked "Yes," please complete the attached form called the "Louisiana Mail Voter Registration Application." You may mail your completed Voter Registration Application to your local Registrar of Voters listed on the application or mail it to the Department of Health and Hospitals.
- **IF YOU DO NOT CHECK EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. **You may call us toll-free at 1-888-342-6207.** The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Louisiana Secretary of State
Commissioner of Elections
P.O. Box 94125
Baton Rouge, LA 70804-9125
Phone: (toll-free) 1-800-883-2805

Print Your Name

Social Security Number

Date of Birth

Sign Your Name

Today's Date

ACADIA

Courthouse #115
Crowley, LA 70526-4363
(337) 788-8841
ALLEN
P. O. Box 150
Oberlin, LA 70655-0150
(337) 639-4966

ASCENSION

828 S. Irma Blvd. #205
Gonzales, LA 70737-3631
(225) 621-5780

ASSUMPTION

P. O. Box 578
Napoleonville, LA 70390-0578
(985) 369-7347

AVOUELLES

312 N. Main St. #E
Marksville, LA 71351-2409
(318) 253-7129

BEAUREGARD

P. O. Box 952
DeRidder, LA 70634-0952
(337) 463-7955

BIENVILLE

P. O. Box 697
Arcadia, LA 71001-0697
(318) 263-7407

BOSSIER

P. O. Box 635
Benton, LA 71006-0635
(318) 965-2301

CADDO

P.O. Box 1253
Shreveport, LA 71153-1253
(318)226-6891

CALCASIEU

1000 Ryan St. #7
Lake Charles, LA 70601-5250
(337)437-3572

CALDWELL

P. O. Box 1107
Columbia, LA 71418-1107
(318) 649-7364

CAMERON

P. O. Box 1
Cameron, LA 70631-0001
(337) 775-5493
CATAHOULA
P. O. Box 215
Harrisonburg, LA 71340-0215
(318) 744-5745

CLAIBORNE

507 W. Main Suite 1
Homer, LA 71040-3914
(318) 927-3332

CONCORDIA

4001 Carter St. #4
Vidalia, LA 71373-3021
(318) 3367770

DESOTO

105 Franklin St.
Mansfield, LA 71052-2046
(318) 872-1149

E. BATON ROUGE

222 St. Louis #201
Baton Rouge, LA 70802-5860
(225) 389-3940

E. CARROLL

P. O. Box 708
Lake Providence, LA 71254-0708
(318) 559-2015

E. FELICIANA

P. O. Box 488
Clinton, LA 70722-0488
(225) 683-3105

EVANGELINE

200 Court St. Ste. 102
Ville Platte, LA 70586-4463
(337) 363-5538

FRANKLIN

Courthouse
6560 Main St.
Winnsboro, LA 71295-2750
(318) 4354489

GRANT

Courthouse
200 Main St.
Colfax, LA 71417-1828
(318) 627-9938

IBERIA

300 S. Iberia St. #110
New Iberia, LA 70560-4543
(337) 369-4407

IBERVILLE

P. O. Box 554
Plaquemine, LA 70765-0554
(225) 687-5201

JACKSON

500 E. Court St. #102
Jonesboro, LA 71251-3400
(318) 259-2486

JEFFERSON

P. O. Box 10494
Jefferson, LA 70181-0494
(504) 736-6191

JEFFERSON DAVIS

302 N. Cutting Ave.
Jennings, LA 7054-65361
(337) 824-0834

LAFAYETTE

1010 Lafayette #313
Lafayette, LA 70501-6885
(337) 291-7140

LAFOURCHE

307 W. 4th St. #101
Thibodaux, LA 70301-3105
(985) 447-3256

LASALLE

P. O. Box 2439
Jena, LA 71342-2439
(318) 992-2254

LINCOLN

100 W. Texas Ave.
Ruston, LA 71270-4463
(318) 251-5110

LIVINGSTON

P. O. Box 968
Livingston, LA 707540968
(225) 686-3054

MADISON

100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193

MOREHOUSE

129 N. Franklin
Bastrop, LA 71220-3815
(318) 281-1434

NATCHITOCHES

P. O. Box 677
Natchitoches, LA 71458-0677
(318) 357-2211

ORLEANS

1300 Perdido #1W23
New Orleans, LA 70112-2127
(504) 658-8300

OUACHITA

122 St John St #114
Monroe, LA 71201-7342
(318) 3271436

PLAQUEMINES

P. O. Box 989
Port Sulphur, LA 70083-0989
(504) 564-6957

POINTE COUPEE

211 E. Main St.
New Roads, LA 70760-3661
(225) 638-5537

RAPIDES

701 Murray St.
Alexandria, LA 71301-8099
(318) 473-6770

RED RIVER

P. O. Box 432
Coushatta, LA 71019-0432
(318) 932-5027

RICHLAND

P. O. Box 368
Rayville, LA 71269-0368
(318) 728-3582

SABINE

400 Capitol St. #107
Many, LA 71449-3099
(318) 256-3697

ST. BERNARD

8201 W. Judge Perez Rm. 104
Chalmette, LA 70043-1696
(504) 278-4231

ST. CHARLES

P. O. Box 315
Hahnville, LA 70057-0315
(985) 783-2731

ST. HELENA

P. O. Box 543
Greensburg, LA 70441-0543
(225) 222-4440

ST. JAMES

P. O. Box 179
Convent, LA 70723-0179
(225) 562-2330

ST. JOHN

1801 W. Airline Hwy
LaPlace, LA 70068-3344
(985) 652-9797

ST. LANDRY

P. O. Box 818
Opelousas, LA 70571-0818
(337) 948-0572

ST. MARTIN

Courthouse
415 S. Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204

ST. MARY

500 Main St. #301
Franklin, LA 70538-6144
(337) 828-4100

ST. TAMMANY

701 N. Columbia St.
Covington, LA 70433-2709
(985) 809-5500

TANGIPAHOA

P. O. Box 895
Amite, LA 70422-0895
(985) 748-3215

TENSAS

P. O. Box 183
St. Joseph, LA 71366-0183
(318) 766-3931

TERREBONNE

P. O. Box 9189
Houma, LA 70361-9189
(985) 873-6533

UNION

P. O. Box 235
Farmerville, LA 71241-0235
(318) 368-8660

VERMILION

100 N. State St. #120
Abbeville, LA 70510
(337) 898-4324

VERNON

P. O. Box 626
Leesville, LA 71496-0626
(337) 239-3690

WASHINGTON

Courthouse Bldg.
900 Washington St.
Franklinton, LA 70438
(985) 839-7850

WEBSTER

P. O. Box 674
Minden, LA 71058-0674
(318) 377-9272

W. BATON ROUGE

P. O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421

W. CARROLL

P. O. Box 71
Oak Grove, LA 71263-0071
(318) 428-2381

W. FELICIANA

P. O. Box 2490
St. Francisville, LA 70775-2490
(225) 635-6161

WINN

Courthouse Room 105
Winnfield, LA 71483-3238
(318) 628-6133

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: PA MV RG SDA SS

Received by: _____

PLACE IN AN ENVELOPE AND MAIL TO YOUR REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

INSTRUCTIONS FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Box 4: Provide your age.

Boxes 6 & 14: You must provide your Louisiana driver's license number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a Louisiana driver's license number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 8, 12 & 13: The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

Box 9: If you do not complete this item, your party affiliation will be listed as 'none', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 18: If you are using this form to request a change of name, you must print the name to be changed here.

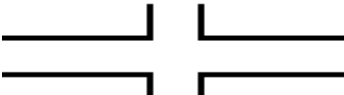
Box 19: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND TEAR ALONG PERFORATED LINE BEFORE MAILING.

LOUISIANA MAIL VOTER REGISTRATION APPLICATION FORM #04				OFFICIAL USE ONLY COMP REG # _____ Reg Type _____ Wd/ Dist _____ Pct _____ In _____ Out _____			
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked no in response to either of these questions, DO NOT COMPLETE THIS FORM.							
2 NAME OF APPLICANT (PLEASE PRINT NAME) LAST _____ First _____ FULL MIDDLE OR MAIDEN _____						GIVE LOCATION 	
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY) HOUSE OR APT. NO. & STREET _____ CITY OR TOWN _____ STATE _____ ZIP _____							
IF NO mail delivery to residential address, check here: () _____ MAILING ADDRESS IF DIFFERENT _____							
4 AGE _____	5 DATE OF BIRTH MONTH _____ DAY _____ YEAR _____		6 * SOCIAL SECURITY # (CIRCLE ONE) NO _____ YES # _____		7 SEX (CIRCLE ONE) MALE _____ FEMALE _____		8 ** RACE/ ETHNIC ORIGIN (CIRCLE ONE) WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMER. INDIAN _____ OTHER: _____
9 PARTY AFFILIATION (CIRCLE ONE) DEM GRN LBT RFM REP NONE OTHER (SPECIFY) _____				10 APPLICANTS'S PLACE OF BIRTH CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____			11 MOTHERS MAIDEN NAME _____
12 ** HOME PHONE () _____			13 ** DAYTIME PHONE () _____		14 LA DRIVERS LICENSE / I.D. # (CIRCLE ONE) NO _____ YES # _____		15 Will you require assistance at the polls? (CIRCLE ONE) NO YES IF YES, GIVE REASON _____
16 LAST RESIDENCE ADDRESS ADDRESS _____			17 PLACE OF REGISTRATION PARISH OR COUNTY _____ STATE _____		18 FOMER REGISTERED NAME, IF APPLICABLE _____		
AFFIRMATION : I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year.							
19 SIGN YOUR NAME IN BOX AT RIGHT DATE: _____ / _____ / _____							
20 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE WITNESS SIGNATURE _____ WITNESS SIGNATURE _____							
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only Full # Optional ** OPTIONAL LR-1M (REV. 1/11, 7/11) R.S. 18:104 FORM #04							